provided for an individual in the same day, three service records would be include in the service extract file. Refer to the Service Subtype Data Element definition in these Specifications and Core Services Taxonomy 7.2 for additional information.

From/Through Date

The service records in this reporting category in Tables 1 and 2 will have separate values in each date field. The ServiceFromDate field records the day the provision or receipt of service begins, and the ServiceThroughDate field records the day the provision or receipt of service ends. These fields are inclusive; they include services provided on those days. A day represents a normal 24 hour time period from 12:00 a.m. to 12:00 a.m. (midnight to midnight). CCS 3 Business Rules about service dates include the following requirements.

- For services provided during an admission to a program area, the ServiceFromDate must be a date equal to or greater than the TypeOfCareFromDate, and the ServiceThroughDate must be a date equal to or less than the TypeOfCareThroughDate. If the TypeOfCareThroughDate is blank, the ServiceThroughDate must be a date less than or equal to the end of the current reporting month. In other words, the dates of the service must fall within the dates of the corresponding type of care for the program area.

- The ServiceThroughDate must be a date greater than or equal to the ServiceFromDate, unless it is blank. The ServiceThroughDate can be blank **only** if the CSB is technically unable to provide the ServiceThroughDate.

- Service records cannot span multiple months. If a service spans multiple months, then a separate service record must be created at the start of each month that the service is provided. The ServiceThroughDate cannot be greater than the last day of the reporting month.

For example, if a CSB began serving an individual in a group home on December 15, 2012, and the individual was still receiving services at the end of the month, the extract for December would have a service record that showed 17 bed days of Intensive Residential Services (service code 521) for the 15th through 31st. The ServiceFromDate would be 12152012; the ServiceThroughDate would be 12312012. If the individual was still receiving services in January, but left the group home on January 14, 2013, there would be a service record in January with a ServiceFromDate of 01012013, a ServiceThroughDate of 01142013, and service units of 14 bed days (the 1st through 14th). If this same individual ended his or her Intensive Residential Services on December 22, 2012, then there would be one service record extracted for December showing a ServiceFromDate of 12152012, a ServiceThroughDate of 12222012, and service units of eight bed days (the 15th through 22nd).

Service Date Reporting Categories

The service codes and their corresponding reporting category are broken out in the following tables in the order in which they are listed in the current Core Services Taxonomy.

Service Code	Table 1: Emergency and Ancillary Services		Reporting Category
	Core Service Name	**Reported Units Provided**	
100	Emergency Services	On that date	Date provided
	Ancillary Services		
318	Motivational Treatment Services	On that date	Date provided
390	Consumer Monitoring Services	Over that period of time	From/through date
620	Early Intervention Services	On that date	Date provided
720	Assessment and Evaluation Services	On that date	Date provided

Service Code	Table 2: Services Available at Admission to a Program Area		Reporting Category
	Core Service Name	**Reported Units Provided**	
250	Acute Psychiatric Or Substance Abuse Inpatient Services	Over that period of time	From/through date
260	Community-Based Substance Abuse Medical Detoxification Inpatient Services	Over that period of time	From/through date
310	Outpatient Services	On that date	Date provided
313	Intensive Outpatient Services	Over that period of time	From/through date
320	Case Management Services	On that date	Date provided
335	Medication Assisted Services	On that date	Date provided
350	Assertive Community Treatment	On that date	Date provided
410	Day Treatment or Partial Hospitalization	Over that period of time	From/through date
420	Ambulatory Crisis Stabilization Services	Over that period of time	From/through date
425	Rehabilitation or Habilitation	Over that period of time	From/through date
430	Sheltered Employment Services	Over that period of time	From/through date
460	Individual Supported Employment Services	Over that period of time	From/through date
465	Group Supported Employment Services	Over that period of time	From/through date
501	Highly Intensive Residential Services	Over that period of time	From/through date
510	Residential Crisis Stabilization Services	Over that period of time	From/through date
521	Intensive Residential Services	Over that period of time	From/through date
551	Supervised Residential Services	Over that period of time	From/through date
581	Supportive Residential Services	Over that period of time	From/through date
610	MH or DV Prevention Services	On that date	Date provided

Type of Care and Episode of Care

Episode of Care Description

The Core Services Taxonomy defines an episode of care as all of the services provided to an individual to address an identified condition or support need over a continuous period of time between an admission and a discharge. An episode of care begins with an admission to a program area, and it ends with the discharge from that program area. An episode of care may consist of a single face-to-face encounter or multiple services provided through one or more programs. An individual is not admitted to emergency or ancillary services; those services are outside of an episode of care. If an individual has received his or her last service but has not yet been discharged from a program area, and he or she returns for services in that program area within 90 days, the individual is not readmitted, since he or she has not been discharged; the individual is merely accepted into that program area for the needed services.

905 - Mental Health Mandatory Outpatient Treatment (MOT) Orders
910 - Discharge Assistance Project (DAP)
915 - Mental Health Child and Adolescent Services Initiative,
916 - Mental Health Services for Children and Adolescents in Juvenile Detention Centers
918 - Program of Assertive Community Treatment (PACT),
919 - Projects for Assistance in Transition from Homelessness (PATH),
920 - Medicaid Intellectual Disability Home and Community-Based Waiver Services,
933 - Substance Abuse Medication Assisted Treatment, and
935 - Substance Abuse Recovery Support Services.

The component services of these projects or initiatives are included in the appropriate core services and numbers of individuals in those initiatives are counted in the CCS in the following manner. When an individual receives services in any of the initiatives listed above, the consumer designation code for the initiative will be entered in a type of care record for the individual. Units of service for these initiatives will be recorded and accumulated in the applicable core services associated with the initiative, such as Outpatient, Case Management, Day Treatment or Partial Hospitalization, Rehabilitation or Habilitation, or various Residential Services.

A type of care record must be created in the TypeOfCare file for each individual receiving a service in one of these initiatives or projects. The consumer designation code must be entered in the TypeOfCare field. This record must be created when an individual first receives a service in one of these initiatives or projects (TypeOfCareFromDate); that is, when an individual enters into or participates in one of those initiatives or projects, thus starting his or her type of care, and when the individual leaves or stops participating in the initiative or project (TypeOfCareThroughDate).

Normally a type of care record for a program area episode of care must be created and exist before creating a type of care record for a consumer designation code. In other words, an individual must be admitted to a program area before being given a consumer designation code. However, this rule does not apply in certain situations:

- Mental Health Mandatory Outpatient Treatment (MOT) Orders (905), when the CSB only monitors the individual's compliance with the MOT order;

- Mental Health Services for Children and Adolescents in Juvenile Detention Centers (916), when the CSB only provides emergency or ancillary services;

- Projects for Assistance in Transition from Homelessness (PATH) (919), which is included in Consumer Monitoring Services, an ancillary service; and

- Substance Abuse Recovery Support Services (935), if the individual only receives emergency or ancillary services.

The Department and VACSB Data Management Committee may approve additional codes to identify other special projects or initiatives and to gather information about them.

Extract Files

Each CSB extract data from its information system into three separate ASCII comma delimited extract files: Consumer, TypeOfCare, and Service files. Each record in a file must have an Agency Code that will identify the record as belonging to that particular CSB. The data elements in those files are described in further detail and with allowable values in Appendix C.

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Appendix A: Extract Lookup Tables

CCS extract lookup tables used by CSBs and validated by the CCS 3 extract software are listed below. Each begins with a three character prefix, lkp. The enumeration of each value in each lookup table is not included here for brevity. However, the values in most lookup tables are shown under the data elements that rely on them in Appendix C. If there is any conflict between those values and the values in the lookup tables, the value in the lookup table will take precedence.

CCS 3 Extract Lookup Tables	
Lkp Table Name	**Description**
lkpAgency	Three character code identifying a CSB
lkpCognitive	Code indicating whether the individual has a cognitive delay
lkpDisStatus	Code indicating the status of the individual at the end of a type of care
lkpDrug	Code indicating type of drug used by an individual with a substance use disorder
lkpDrugMethod	Code indicating the method of drug use or usual route of administration
lkpDSM4AxisI	DSM4 Axis I diagnostic codes for individuals receiving services
lkpDSM4AxisII	DSM4 Axis II diagnostic codes for individuals receiving services
lkpEducation	Code indicating the highest grade level completed by the individual
lkpEmployment	Code indicating the involvement of the individual in the labor force
lkpEpisodes	Code indicating the number of previous episodes of care in any drug or alcohol program for the individual
lkpFIPS	Federal code indicating the city or county in which the individual lives.
lkpFrequency	Code indicating the frequency of use for a substance use disorder
lkpGAF	Code indicating the Global Assessment of Functioning (GAF) score
lkpGender	Code indicating the gender of the individual receiving services
lkpGoalMeasure	Code indicating extent to which a goal measure is achieved or implemented.
lkpHispanic	Code indicating the individual's Hispanic origin
lkpHousingMoves	Code indicating the number of times an individual moved
lkpInsuranceType	Code indicating the individual's current type of insurance coverage
lkpLanguage	Code indicating preferred language used by the individual receiving services
lkpLegal	The individual's legal status in relation to the receipt of services
lkpMaritalStatus	Code indicating the current marital status of the individual.
lkpMilitaryStatus	Code indicating the current status of an individual who is serving or has served in a U.S. military branch or who is a dependent family member
lkpProgram	Identifier for a program area or pseudo program area
lkpRace	Code indicating the self-identified race of the individual receiving services
lkpReferral	Code indicating person, agency, or organization that referred individual to a CSB
lkpResidence	Code indicating where the individual receiving services lives
lkpService	The three character Core Services Taxonomy code for a service
lkpServiceLocation	Code indicating location at which a service was received by the individual
lkpServiceSubtype	Code indicating a specific activity associated with a particular core service
lkpSMISED	Code indicating if the individual has a serious mental illness (SMI), a Serious Emotional Disturbance (SED), or is at-risk of SED
lkpSocial Connectedness	Code indicating the frequency of the individual's participation in social contacts that support recovery
lkpStabilityMeasure	Code indicating extent to which a stability measure is maintained.
lkpTypeOfCare	Code indicating the type of care program area or consumer designation
lkpYesNo	Code indicating yes, no, not applicable, unknown, or not collected
lkpYesNoECM	Code indicating yes, not, or not applicable for enhanced case management

No.	Field Name	Type	Length	Description
	Consumer File (Consumer.txt) - Continued			
26	AxisICode1	Text	5	DSM Axis I diagnosis, code 1
27	AxisICode2	Text	5	DSM Axis I diagnosis, code 2
52	AxisICode3	Text	5	DSM Axis I diagnosis, code 3
53	AxisICode4	Text	5	DSM Axis I diagnosis, code 4
54	AxisICode5	Text	5	DSM Axis I diagnosis, code 5
55	AxisICode6	Text	5	DSM Axis I diagnosis, code 6
28	AxisIIPrimary	Text	5	DSM Axis II primary diagnosis code
29	AxisIISecondary	Text	5	DSM Axis II secondary diagnosis code
30	AxisIII	Text	1	DSM Axis III diagnosis (Y/N)
31	AxisV	Text	3	DSM Axis V diagnosis code
14	CityCounty ResidenceCode	Text	3	Federal (FIPS) code indicating the city or county in which the individual lives
15	ReferralSource	Text	2	Code indicating person, agency, or organization that referred the individual to the CSB for evaluation or treatment
23	TypeOfResidence	Text	2	Code indicating type of residence in which the individual lives
22	EmploymentStatus	Text	2	Code indicating the individual's employment status
21	EducationStatus	Text	2	Code indicating the individual's education level
24	LegalStatus	Text	2	Code indicating the individual's legal status
25	NbrPriorEpisodes AnyDrug	Text	2	Code indicating the number of previous episodes in any drug or alcohol program for the individual
44	PregnantStatus	Text	1	Code indicating if the individual is a female with a substance use disorder who is pregnant.
45	FemaleWith Dependent ChildrenStatus	Text	1	Code indicating if the individual is a female with a substance use disorder who is living with dependent children
46[1]	~~DaysWaitingTo EnterTreatment~~	~~Text~~	~~3~~	~~Code indicating the number of calendar days from the first contact or request for service until the first scheduled appointment in a substance abuse service accepted by the individual~~
47	NbrOfArrests	Text	2	Number of arrests in the past 30 days
32	SAPDType	Text	2	SA primary drug: type of drug code
34	SAPDMethUse	Text	2	SA primary drug: method of use code
33	SAPDFreqUse	Text	2	SA primary drug: frequency of use code
35	SAPDAgeUse	Text	2	SA primary drug: age of first use code
36	SASDType	Text	2	SA secondary drug: type of drug code
38	SASDMethUse	Text	2	SA secondary drug: method of use code
37	SASDFreqUse	Text	2	SA secondary drug: frequency of use code
39	SASDAgeUse	Text	2	SA secondary drug: age of first use
40	SATDType	Text	2	SA tertiary drug: type of drug code
42	SATDMethUse	Text	2	SA tertiary drug: method of use code
41	SATDFreqUse	Text	2	SA tertiary drug: frequency of use code

				Consumer File (Consumer.txt) - Continued
No.	**Field Name**	**Type**	**Length**	**Description**
43	SATDAgeUse	Text	2	SA tertiary drug: age of first use
49	AuthRep	Text	1	Code indicating presence of an authorized representative
57	MedicaidNbr	Text	12	The individual's Medicaid number in the format prescribed by the DMAS
58	Consumer FirstName	Text	30	The first name of the individual, used to extract characters for a probabilistic matching algorithm run by Department to generate a unique consumer Id; not transmitted to Department
59	ConsumerLastName	Text	30	The last name of the individual, same as No.58
66	MilitaryStatus	Text	2	Current status of an individual serving in or who has served in the military or who is a dependent family member of the individual
67	MilitaryService StartDate	Text	4	The year in which the individual's most recent active or reserve duty began
68	MilitaryService EndDate	Text	4	The year in which the most recent duty ended
69	MaritalStatus	Text	2	The individual's current marital status
70	Social Connectedness	Text	2	Measure of frequency of participation in social contacts that support recovery
71	InsuranceType1	Text	2	The type of the individual's current insurance coverage
72	InsuranceType2	Text	2	The type of the individual's current insurance coverage
73	InsuranceType3	Text	2	The type of the individual's current insurance coverage
74	InsuranceType4	Text	2	The type of the individual's current insurance coverage
75	InsuranceType5	Text	2	The type of the individual's current insurance coverage
76	InsuranceType6	Text	2	The type of the individual's current insurance coverage
77	InsuranceType7	Text	2	The type of the individual's current insurance coverage
78	InsuranceType8	Text	2	The type of the individual's current insurance coverage
79	Date Need for MH Services First	Text	8	Date on which CSB staff first determined the individual needs MH services
80	Date Need for SA Services First	Text	8	Date on which CSB staff first determined the individual needs SA services
81	Health Well Being	Text	2	Extent to which goals in the individual's ISP met
82	Comm. Inclusion	Text	2	Extent to which goals in the individual's ISP met
83	Choice & Self Det.	Text	2	Extent to which goals in the individual's ISP met
84	Living Argnmt Stab.	Text	2	Extent to which goals in the individual's ISP met
85	Day Activity Stab.	Text	2	Extent to which goals in the individual's ISP met
86	School Attendance	Text	2	School attendance during past three months
87	Independent Living	Text	1	Living independently or dependently in private residence
88	Housing Stability	Text	2	Number of changes in residence during a quarter
89	Preferred Language	Text	2	Preferred language used by individual receiving services
90	Enhanced Case Management	Text	1	Identifies individuals receiving enhanced Developmental Case Management under the DOJ Settlement Agreement

[1] Data Element 46 is no longer required in CCS 3; it is replaced by Data Elements 79 and 80. Data Element 46 should be reported as a NULL value. Please see instructions in Appendix E for formatting NULL values.

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				Service File (Service.txt)
No.	**Field Name**	**Type**	**Length**	**Description**
2	AgencyCode	Text	3	Code identifying a CSB (e.g., 049, 031)
7	ConsumerId	Text	10	Identifier assigned by the CSB to an individual who is or will be receiving services
3	ProgramAreaId	Text	3	Code indicating if the individual received this service within a service area (100, 200, or 300 for MH, DV, SA) emergency or ancillary services (400)
5	ServiceCode	Text	3	Core services taxonomy service code for this service
48	ServiceFromDate	Text	8	MMDDYYYY indicating the start date of the service
10	Units	Text	8	Units of service as specified in the current Core Services Taxonomy: service hours, day support hours, days of service, and bed days; reported with two decimal places (e.g., 1.25, 1.00, etc.)
~~56[1]~~	~~ConsumerServiceHours [1]~~	~~Text~~	~~8~~	~~No longer collected; reported as a NULL value~~
62	ServiceThroughDate	Text	8	MMDDYYYY indicating the end date of a service If the service started and ended on the same day, this value must be the same as the service from date
63	StaffId	Text	10	The CSB local staff identification number (optional)
64	ServiceSubtype	Text	2	A specific activity associated with a particular core service category or subcategory
65	ServiceLocation	Text	2	The location at which the service was received or provided

[1] Data Element 56 is no longer required in CCS 3; it should be reported as a NULL value. Please see the instructions in Appendix E for formatting NULL values.

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Appendix C: CCS 3 Extract Data Element Definitions

This appendix contains definitions and validations of the various data elements in CCS 3. The numbers follow the numbering scheme for those elements carried over from CCS 2. Valid values for some data elements will be matched to ensure they can be found on a lookup table. Both the lookup table name and the valid values are listed in the definitions for clarity. Some of the lookup tables, like the DSM4 diagnostic codes, are too big to be reproduced here. If there is any conflict between this document and the values in the lookup tables, the values in the lookup table take precedence. The current CCS 3 Business Rules, incorporated by reference into these Extract Specifications, also contain additional information needed to collect and report these date elements accurately. The following table lists CCS 3 data elements alphabetically, with their corresponding data element numbers, for convenient reference.

Alphabetical Cross Reference of Data Elements							
No.	Data Element	No.	Data Element	No.	Data Element	No.	Data Element
2	AgencyCode	85	Day Activity Stability	76	InsuranceType6	37	SASDFreqUse
49	AuthRep	46[1]	DaysWaitingToEnter Treatment	77	InsuranceType7	38	SASDMethUse
26	AxisICode1			78	InsuranceType8	36	SASDType
27	AxisICode2	79	DateNeedforMHServices	24	LegalStatus	43	SATDAgeUse
52	AxisICode3	80	DateNeedforSAServices	84	Living Arrangement Stability	41	SATDFreqUse
53	AxisICode4	12	DischargeStatus	69	MaritalStatus	42	SATDMethUse
54	AxisICode5	21	EducationStatus	57	MedicaidNbr	40	SATDType
55	AxisICode6	22	EmploymentStatus	68	MilitaryServiceEndDate	86	School Attendance
28	AxisIIPrimary	90	Enhanced Case Management	67	MilitaryServiceStartDate	5	ServiceCode
29	AxisIISecondary	45	FemaleWithDependent	66	MilitaryStatus	48	ServiceFromDate
30	AxisIII		ChildrenStatus	47	NbrOfArrests	65	ServiceLocation
31	AxisV	17	Gender	25	NbrPriorEpisodesAnyDrug	64	ServiceSubtype
14	CityCountyCode	81	Health Well Being	89	Preferred Language	62	ServiceThroughDate
83	Choice & Self-Determina	19	HispanicOrigin	44	PregnantStatus	13a	SMISEDAtRisk
13b	CognitiveDelay	88	Housing Stability	3	ProgramAreaId	70	SocialConnectedness
82	Community Inclusion	87	Independent Living	15	ReferralSource	8	SSN
58	ConsumerFirstName	71	InsuranceType1	35	SAPDAgeUse	63	StaffId (optional)
7	ConsumerId	72	InsuranceType2	33	SAPDFreqUse	61	TypeOfCareFromDate
59	ConsumerLastName	73	InsuranceType3	34	SAPDMethUse	60	TypeOfCareThroughDate
56 [1]	ConsumerServiceHours	74	InsuranceType4	32	SAPDType	23	TypeOfResidence
16	DateOfBirth	75	InsuranceType5	39	SASDAgeUse	10	Units

[1] Data Elements 46 and 56 are no longer used in CCS 3; they should be reported as NULL values. Please see the instructions in Appendix E for formatting NULL values.

CCS 3 Data Element Names, Definitions, and Descriptions

No.	Data Element Name and Definition	Data Type	Max Length
2	**AgencyCode:** The number provided by the Department that identifies the CSB providing services to the individual and supplying individual and service data.	Text	3
	Must match one of the values in the lookup table, lkpAGENCY. Leading zeros are used in that table for two digit CSB numbers to make the field length 3 characters.		
3	**ProgramAreaId:** Indicates in which Program Area an individual is receiving services. The current Core Services Taxonomy defines program areas. The three program areas in the public services system are mental health, developmental, and substance abuse services. Program AreaID 400 is a pseudo program area for emergency or ancillary services.	Text	3
	Must match one of the values in the lookup table, lkpPROGRAM. Valid codes are: 100 Mental Health Services Program Area 300 Substance Abuse Services Program Area 200 Developmental Services Program Area 400 Emergency or Ancillary Services		
5	**ServiceCode:** Each core service in which the individual receives services. Core services are defined in the current Core Services Taxonomy, and the Core Services Category and Subcategory Matrix indicates the type of service unit collected and reported for each service and lists each service code.	Text	3
	Must match one of the values in the lookup table, lkpSERVICE. Service.txt records are not submitted in CCS 3 for Consumer-Run, Substance Abuse Prevention, or Infant and Toddler Intervention Services.		
7	**ConsumerId:** A number or a combination of numerical and alphabetical characters used to identify the individual receiving services uniquely within the CSB; the local consumer Id, rather than the statewide Id.	Text	10
	Each CSB assigns and maintains these numbers, which can be up to 10 alphanumeric characters. If an individual returns to the same CSB after discharge from a previous type of care, the CSB should use his or her same ConsumerId again.		
8	**SSN:** The social security number of the individual receiving services from the CSB. Hashed for security purposes before transmission to the Department.	Text	9
	Numbers only, no separations, dashes, or other special characters.		

No.	Data Element Name and Definition	Data Type	Max Length
10	Units: Amount of service received by the individual in the time period from the ServiceFromDate field to the ServiceThroughDate field. Reported with two decimal places (e.g., 1.25 or 1.00)	Text (decimal)	8

These units are the numeric measurement of the service received by the individual. Units of measure for this field include Service Hours, Day Support Hours, Days of Service, and Bed Days, as defined in the current Core Services Taxonomy. Units of prevention are collected here for mental health and developmental prevention services using the unidentified Z consumer Id.

No.	Data Element Name and Definition	Data Type	Max Length
12	DischargeStatus: Status of the individual at the end of a type of care when the individual is discharged from a program area; this field is captured in the type of care record. The coding of this data element must reflect an individual's status at the end of an episode of care when the CSB discharges the individual from a program area (mental health, developmental, or substance abuse services), not when the individual moves among core services within a program area.	Text	2

Must match one of the values in the lookup table, lkpDISSTATUS. Valid codes are:

01 Retired: Assessment and evaluation services are ancillary services; this code is not available for use by the CSB and is hidden in the extract software. Individuals for whom this value was used previously should be reported as 07.

02 Treatment Completed: Individual discharged from a program area having made significant progress toward completing current goals in the ISP.

03 Treatment Incomplete at Discharge: Individual discharged from a program area without significant progress toward completing treatment goals at discharge or after the CSB lost contact with the individual for 90 days. In the later situation, the TypeOfCareThroughDate is the date of the last face-to-face service or service-related contact.

04 Individual Died: Individual's death is documented in his or her clinical record.

05 Breaking Program Rules: Individual discharged from a program area for breaking program rules.

06 Retired: This code is not available for use by CSBs and is hidden in the extract software. Archival data will be combined with 03 Treatment Incomplete at Discharge.

07 Other: Includes individuals who moved or left treatment due to illness, hospitalization, transfer to a state training center or certified nursing facility (ID), or for any other reason not captured by a value in the lookup table.

08 Individual Incarcerated: Individual discharged due to incarceration in a prison, local or regional jail or juvenile detention center, or other place of secure confinement. This does not include involuntary admission to a state or local psychiatric hospital or unit; in this situation, the individual should continue as an open case at the CSB.

96 Not Applicable

97 Unknown (Asked but not answered)

98 Not Collected (Not asked)

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No.	Data Element Name and Definition	Data Type	Max Length
22	**EmploymentStatus:** Code indicating the employment status of the individual receiving services; e.g., employed, unemployed, in an employment program, or not in the labor force; collected at admission to and discharge from a program area and updated annually. *Italicized* language further defines the codes.	Text	2

Must match one of the values in the lookup table, lkpEMPLOYMENT. Select the one code below that most accurately describes the individual's employment status when it is collected. Valid codes are:

01 Employed Full Time: Employed 35 hours a week or more; includes Armed Forces. *This does not include an individual receiving supported or sheltered employment; the correct code for this individual is 12 or 13.*

02 Employed Part Time: Employed less than 35 hours a week. *This does not include an individual receiving supported or sheltered employment; the correct code for this individual is 12 or 13.*

03 Unemployed but Seeking Employment.

06 Not in Labor Force: Homemaker. *The individual is not in the labor force only because he or she is a homemaker and has no other valid employment status.*

07 Not in Labor Force: Student or Job Training Program. *Job training program does not include supported or sheltered employment, but it does include prevocational or day support services.*

08 Not in Labor Force: Retired.

09 Not in Labor Force: Disabled. *The individual is not in the labor force only because of his or her physical disability or intellectual disability or mental health or substance use disorder.*

10 Not in Labor Force: Resident or Inmate of Institution. *The individual is not in the labor force only because he or she lives in a state or local hospital, training center, nursing home, local or regional jail or state correctional facility, or other institution.*

11 Not in Labor Force-Other: Unemployed and not Seeking Employment. *The individual is unemployed and does not want a job or employment, or another value (e.g., 07 student) is not appropriate due to his or her age (e.g., four years old).*

12 Employment Program: Supported Employment. *The individual receives individual or group supported employment services, defined in the Core Services Taxonomy, or works in a supported employment setting.*

13 Not in Labor Force: Sheltered Employment. *The individual receives sheltered employment services, defined in the Core Services Taxonomy, or works in a sheltered employment setting.*

97 Unknown (Asked but not answered). *The individual or his or her authorized representative did not provide an employment status.*

98 Not Collected (Not asked). *This value must not be used for individuals admitted to a program area; its use is only appropriate for individuals for whom a case is opened to receive Emergency or Ancillary Services.*

The code selected should be the most meaningful description of the individual's employment status when this data is collected. For example, if the individual at admission is unemployed but wants a job and needs supported employment, the correct value is 03 rather than 12. After the individual is admitted to a program area and is receiving supported employment, the correct value at the annual update is 12.

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No.	Data Element Name and Definition	Data Type	Max Length
23	**TypeOfResidence:** Code indicating where the individual receiving services lives.	Text	2

Must match one of the values in the lookup table, lkpRESIDENCE. Valid codes are:

01 Private Residence or Household
02 Shelter
03 Boarding Home
04 Foster Home or Family Sponsor Home
05 Licensed Assisted Living Facility (CSB or non-CSB operated)
06 Community Residential Service
07 Residential Treatment or Alcohol or Drug Rehabilitation
   (Other Residential Setting)
08 Nursing Home or Physical Rehabilitation

09 Hospital
10 Local Jail or Correctional Facility
11 State Correctional Facility
12 Other Institutional Setting
13 None (Homeless or homeless shelter)
14 Juvenile Detention Center
97 Unknown (Asked but not answered)
98 Not Collected (Not asked)

No.	Data Element Name and Definition	Data Type	Max Length
24	**LegalStatus:** The legal status of the individual receiving services identifies the type of civil or forensic court order or criminal status related to the individual's admission to a CSB program area or a state facility or to the opening of a record for emergency or ancillary services.	Text	2

Must match one of the values in the lookup table, lkpLEGAL. Valid codes are:

01 Voluntary: An individual is admitted voluntarily for community (including local inpatient) services or state facility services.

02 Involuntary Civil: An adult is admitted involuntarily, as decided at a non-criminal hearing, for purposes of an NGRI or competency examination or evaluation or for treatment under a Mandatory Outpatient Treatment (MOT) order or an inpatient civil commitment order; this does not include court-ordered psychological evaluations or other assessments for custody cases.

04 Involuntary Juvenile Court: A juvenile is admitted involuntarily, as decided at a non-criminal hearing, for the purposes of an NGRI or competency examination or evaluation or for treatment under an inpatient civil commitment order or remains in the community and is court-ordered to treatment in the community; custody remains with the parent or guardian. This does not include court-ordered psychological evaluations or other assessments for custody cases.

06 Involuntary Criminal: An individual who is incarcerated with pending criminal charges or convictions is admitted involuntarily for evaluation or treatment.

07 Involuntary Criminal Incompetent: An individual who is incarcerated with pending criminal charges is deemed incompetent to stand trial and is admitted involuntarily for competency restoration.

No.	Data Element Name and Definition	Data Type	Max Length
65	**ServiceLocation:** The location in which the service for which a service.txt file is submitted was provided to an individual. Service Location is reported in the service file for every service in all program areas (100, 200, and 300) and for emergency or ancillary services (400). Service Location is collected at every service encounter.	Text	2

Must match one of the values in the lookup table, lkpServiceLocation. Valid codes are:

01 Consumer Residence: where the individual lives, his or her primary residence, unless he or she lives in a CSB or CSB-contracted residential facility, then enter 15

02 CSB Program Site: the location in which a CSB or its contractor provides services; if this is where the individual lives, enter 15

03 Court: includes general district and juvenile and domestic relations courts, court services units and probation and parole offices

04 Local or Regional Jail: a facility serving adults primarily; not a Department of Corrections facility

05 Local or Regional Juvenile Detention Center: a facility serving juveniles under the age of 18 who have been committed to the facility; not a Learning Center operated by the state

06 Law Enforcement Facility: a location in the community that houses law enforcement officers; includes police stations and sheriffs' offices

07 Non-State Medical Hospital: a medical hospital licensed by but not operated by the state; includes Veterans Administration (VA) hospitals and also UVA and MCV hospitals

08 Non-State Psychiatric Hospital or Psychiatric Unit in a Non-State Medical Hospital: a psychiatric hospital or unit licensed by but not operated by the state; includes VA hospitals and UVA and MCV

09 State Hospital or Training Center: a facility operated by the Department of Behavioral Health and Developmental Services and defined in § 37.2-100 of the Code of Virginia

10 Educational Facility: includes public or private schools, community colleges, colleges, and universities

11 Assisted Living Facility: a facility licensed by the Department of Social Services that provides housing and care for individuals in need of assistance with daily living activities

12 Nursing Home: a facility licensed by the Department of Health that provides services to individuals who require continuing nursing assistance and assistance with activities of daily living

13 Shelter: a community-based facility that provides temporary housing or living space for a brief period of time to individuals who are homeless or in need of temporary sheltering; generally does not provide any around-the-clock behavioral health or medical care and may or may not provide basic living amenities, but may provide space for meals, personal hygiene, and overnight accommodations

14 Other Community Setting (any location that is used for the provision of services other than those identified in preceding codes)

15 CSB or CSB-Contracted Residential Facility: this does not include CSB-controlled inpatient beds

Not Applicable (96), Unknown (97), and Not Collected (98) are not valid codes for this data element.

No.	Data Element Name and Definition	Data Type	Max Length
70	**Social Connectedness** (Continued)	Text	2

01 No Participation in the Past Month
02 Participation One to Three Times in the Past Month
03 Participation One to Two Times per Week
04 Participation Three to Six Times per Week
05 Participation Daily
96 Not Applicable (For admission to or discharge from the Developmental Services Program Area or for opening a record for Services Available Outside of a Program Area)
97 Unknown (Asked but not answered)
98 Not Collected (Not asked)

No.	Data Element Name and Definition	Data Type	Max Length
71	**InsuranceType1:** The type of health insurance currently covering the individual receiving services. Insurance type is collected when a record is opened on the individual for emergency or ancillary services or an individual is admitted to a program area and updated whenever it changes.	Text	2

Must match one of the values in the lookup table, lkpInsuranceType. Valid codes are:

01 Private Insurance (includes Blue Cross/Blue Shield/Anthem, non-Medicaid or Medicare HMOs, self-paying employer-offered insurance, or other private insurance)
02 Medicare (individual is enrolled in Medicare)
03 Medicaid (individual is enrolled in Medicaid)
04 Veterans Administration
05 Private Pay (payment by non-insurance sources, e.g., courts, social services or any payment made directly by the individual or responsible family member)
06 Tricare/CHAMPUS
07 FAMIS
08 Uninsured (if the individual is not covered by any health insurance, but private payments are received; use 08 for field 71 and 05 for field 72)
09 Other
96 Not Applicable (use this to fill in fields when the individual receiving services has no other insurance coverage after those indicated in previous InsuranceType fields (e.g., 71 and 72); for example, if the individual is uninsured and 08 has been entered in data element 71, use 96 for fields 72 through 78)
97 Unknown (Asked but not answered)
98 Not Collected (Not asked)

No.	Data Element Name and Definition	Data Type	Max Length
72	**InsuranceType2:** See Data Element 71 for definition.	Text	2
	Must match one of the values in the lookup table, lkpInsurancetype. See Data Element 71 for valid codes.		
73	**InsuranceType3:** See Data Element 71 for definition.	Text	2
	Must match one of the values in the lookup table, lkpInsurancetype. See Data Element 71 for valid codes.		
74	**InsuranceType4:** See Data Element 71 for definition.	Text	2
	Must match one of the values in the lookup table, lkpInsurancetype. See Data Element 71 for valid codes.		
75	**InsuranceType5:** See Data Element 71 for definition.	Text	2
	Must match one of the values in the lookup table, lkpInsurancetype. See Data Element 71 for valid codes.		
76	**InsuranceType6:** See Data Element 71 for definition.	Text	2
	Must match one of the values in the lookup table, lkpInsurancetype. See Data Element 71 for valid codes.		
77	**InsuranceType7:** See Data Element 71 for definition.	Text	2
	Must match one of the values in the lookup table, lkpInsurancetype. See Data Element 71 for valid codes.		
78	**InsuranceType8:** See Data Element 71 for definition.	Text	2
	Must match one of the values in the lookup table, lkpInsurancetype. See Data Element 71 for valid codes.		
79	**DateNeedforMentalHealthServicesFirstDetermined:** The date on which CSB staff first determines the individual needs MH services during triage, an initial screening, or the provision of substance abuse (SA) or developmental (DV) services or emergency or ancillary services.	Text	8
	MMDDYYYY with no spaces, slashes, or special characters. Use two digits for the month and day, e.g., February is 02 and February 1 is 0201. Must be a valid calendar date before or on the date of the resulting admission to the MH program area, and must not be a date in the future (e.g., after the date of the extract file). Must be updated whenever an individual requests MH services after completing an MH episode of care (reported with a TypeOfCareThroughDate) or the individual is receiving SA or DV services or SAOPA and staff determines the individual needs MH services.		
80	**DateNeedforSubstanceAbuseServicesFirstDetermined:** The date on which CSB staff first determines the individual needs SA services during triage, an initial screening, or the provision of mental health (MH) or developmental (DV) services or emergency or ancillary services.	Text	8

No.	Data Element Name and Definition	Data Type	Max Length
81	**Health Well Being Measure:** Identifies the extent to which desired physical, mental, or behavioral health outcomes in the individual's ISP have been achieved as determined by the individual, the authorized representative if the individual cannot determine this, and the case manager during the quarterly case management ISP review; collected and reported quarterly only for individuals receiving developmental services under the DOJ Settlement Agreement.	Text	2

Must match one of the values in the lookup table, lkpGOALMEASURE. Valid codes are:

01 Measure Met - *Most outcomes were achieved.*   96 Not Applicable - *Use for all other individuals receiving services.*
02 Measure Partially Met - *Some outcomes were achieved.*   97 Unknown (Asked but not answered)
03 Measure Not Met - *Very few outcomes were achieved.*   98 Not Collected (Not asked)

No.	Data Element Name and Definition	Data Type	Max Length
82	**Community Inclusion Measure:** Identifies the extent to which desired community inclusion outcomes in the individual's ISP have been achieved as determined by the individual, the authorized representative if the individual cannot determine this, and the case manager during the quarterly case management ISP review; collected and reported quarterly only for individuals receiving developmental services under the DOJ Settlement Agreement.	Text	2

Must match one of the values in the lookup table, lkpGOALMEASURE. Valid codes are:

01 Measure Met - *Most outcomes were achieved.*   96 Not Applicable - *Use for all other individuals receiving services.*
02 Measure Partially Met - *Some outcomes were achieved.*   97 Unknown (Asked but not answered)
03 Measure Not Met - *Very few outcomes were achieved.*   98 Not Collected (Not asked)

No.	Data Element Name and Definition	Data Type	Max Length
83	**Choice and Self-Determination Measure:** Identifies the extent to which the individual's desired life choices (e.g., clothing to wear, living area decoration, church to attend, social and recreational activities to participate in) have been implemented as determined by the individual, the authorized representative if the individual cannot determine this, and the case manager during the quarterly case management ISP review; collected and reported quarterly only for individuals receiving developmental services under the DOJ Settlement Agreement.	Text	2

Must match one of the values in the lookup table, lkpGOALMEASURE. Valid codes are:
01 Measure Met - *Most choices were implemented.*   96 Not Applicable - *Use for all other individuals receiving services.*
02 Measure Partially Met - *Some choices were implemented.*   97 Unknown (Asked but not answered)
03 Measure Not Met - *Very few choices were implemented.*   98 Not Collected (Not asked)

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No.	Data Element Name and Definition	Data Type	Max Length
84	**Living Arrangement Stability Measure:** Identifies the degree to which an individual has maintained his or her chosen living arrangement as determined by the individual, the authorized representative if the individual cannot determine this, and the case manager during the quarterly case management ISP review; collected and reported quarterly only for individuals receiving developmental services under the DOJ Settlement Agreement.	Text	2

Must match one of the values in the lookup table, lkpSTABILITYMEASURE. Valid codes are: (The individual)

01 Measure Met -*Maintained his or her chosen living arrangement*
02 Measure Partially Met -*Moved to a different living arrangement of his or her choice.*
03 Measure Not Met Maintained Current - *Maintained current living arrangement not of his or her choice.*

04 Measure Not Met Different - *Moved to a different living arrangement not of his or her choice.*
96 Not Applicable - *Use for all other individuals receiving services*
97 Unknown (Asked but not answered)
98 Not Collected (Not asked)

No.	Data Element Name and Definition	Data Type	Max Length
85	**Day Activity Stability Measure:** Identifies the degree to which the individual has maintained his or her chosen day activities (e.g., full- or part-time integrated employment, integrated supported employment, or other day program) as determined by the individual, the authorized representative the individual cannot determine this, and the case manager during the quarterly case management ISP review; collected and reported quarterly only for individuals receiving services under the DOJ Settlement Agreement.	Text	2

Must match one of the values in the lookup table, lkpSTABILITYMEASURE. Valid codes are: (The individual)

01 Measure Met - *Maintained his or her chosen day activities.*
02 Measure Partially Met - *Engaged in different day activities of his or her choice.*
03 Measure Not Met Maintained Current - *Maintained current day activities not of his or her choice.*

04 Measure Not Met Different- *Engaged in different day activities not of his or her choice.*
96 Not Applicable - *Use for all other individuals receiving services*
97 Unknown (Asked but not answered)
98 Not Collected (Not asked)

No.	Data Element Name and Definition	Data Type	Max Length
86	**School Attendance Status:** Identifies attendance (including home schooling) by all children (3-17 years old) and by young adults (18-21 years old) in special education of at least one day during the past three months; collected at admission to and discharge from the mental health services program area and quarterly.	Text	1

Must match one of the values in the lookup table, lkpYESNO. Valid codes are:

Y Yes - *In school at least one day in past three months or if reporting period overlaps summer months.*
N No - *No school in past three months excluding summer months.*

A Not Applicable - *Use for individuals ages 0-2 or 18 or above unless 18-21 in special education and receiving MH services.*
U Unknown (Asked but not answered)
X Not Collected (Not asked)

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No.	Data Element Name and Definition	Data Type	Max Length
87	**Independent Living Status:** Identifies an adult who lives independently in a private residence (01 in Data Element 23 TypeOfResidence) and is capable of self-care, who lives independently with case management or housing supports, or who is largely independent and chooses to live with others (e.g., friends, spouse, other family members) for reasons such as personal choice, culture, or finances not related to mental health disorders. Dependent living status means living in a private residence while being heavily dependent on others for daily living assistance. Collected at admission to and discharge from the mental health services program area and updated annually.	Text	1

Must match one of the values in the lookup table, lkpYESNO. Valid codes are:

Y Yes - *Independent living status in a private residence*
N No - *Dependent living status in a private residence*
A Not Applicable - *Use for all children and for all adults not living in a private residence (01 in Data Element 23).*

U Unknown (Asked but not answered) - *Also use when it cannot be determined if an adult is living independently or dependently in a private residence.*
X Not Collected (Not asked)

No.	Data Element Name and Definition	Data Type	Max Length
88	**Housing Stability:** Identifies the number of changes in residence during a quarter by individuals admitted to the mental health or substance abuse services program area and receiving mental health or substance abuse case management services; collected at admission to the program area, by the case manager at each quarterly case management ISP review, and at discharge from the program area.	Text	2

Must match one of the values in the lookup table, lkpHOUSINGMOVES. Valid codes are:

00-95 Number of moves in the last quarter
96 Not Applicable - *Use for all individuals not receiving mental health or substance abuse management services or for individuals who are homeless.*

97 Unknown (Asked but not answered)
98 Not Collected (Not asked)

No.	Data Element Name and Definition	Data Type	Max Length
89	**Preferred Language:** Identifies the preferred language used by the individual receiving services; collected at admission to the mental health, developmental, or substance abuse services program area.	Text	2

Must match one of the values in the lookup table, lkpLANGUAGE. Valid codes are:

01 English
02 Amharic *(Ethiopian)*
03 Arabic
04 Chinese *(Mandarin/Cantonese/Formosan)*
05 Farsi/Persian/Dari
06 Hindi

07 Japanese
08 Korean
09 Russian
10 Spanish
11 Tagalog *(Filipino)*
12 Urdu

13 Vietnamese
14 American Sign Language
15 Other Language
16 Non-Verbal
97 Unknown
98 Not Collected

No.	Data Element Name and Definition	Data Type	Max Length
90	**Enhanced Case Management:** Indicates if an individual who is receiving Developmental Case Management Services meets the criteria for receiving enhanced Case Management Services, which are at least one face-to-face visit every 30 days and at least one such visit every two months in the individual's place of residence. An individual who meets any of the following criteria must receive enhanced Developmental Case Management Services: ● receives services from providers that have conditional or provisional licenses from the Department, ● has more intensive behavioral or medical needs as defined by the Supports Intensity Scale category representing the highest level of risk, ● has an interruption of services greater than 30 days, ● encounters the crisis system for a serious crisis or for multiple less serious crises within a three-month period, ● has transitioned from a state training center within the previous 12 months, or ● resides in a congregate setting of five or more beds. Collected at admission to the developmental services program area and **updated whenever the individual meets the criteria or no longer meets the criteria** for enhanced Developmental Case Management Services.	Text	1

Must match one of the values in the lookup table, lkpYESNOECM. Valid codes are:

Y   Yes - *Meets the criteria for receiving enhanced Developmental*   A   Not Applicable - *Use for all individuals who are not receiving*
        Case Management Services   *Developmental Case Management Services*
N   No - *Does not meet the criteria for receiving enhanced*
        Developmental Case Management Services

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Admission to or Discharge from a Program Area (Type of Care event)

When an individual is admitted to or discharged from a program area, the data elements from the case opening step must continue to be reported and updated when necessary, and the following additional *italicized* data elements must be collected.

No.	Data Element	No.	Data Element
CCS 3 Data Elements Collected at Admission to a Program Area			

No.	Data Element	No.	Data Element
2	AgencyCode	*60*	*TypeOfCareThroughDate*
3	ProgramAreaId (100, 200, or 300)	*61*	*TypeOfCareFromDate*
5	ServiceCode	62	ServiceThroughDate
7	ConsumerId (CSB identifier)	*63*	*StaffId (optional)*
8	SSN	64	ServiceSubtype
10	Units	65	ServiceLocation
12	*DischargeStatus*	*66*	*MilitaryStatus*
13a	*SMISEDAtRisk*	*67*	*MilitaryStatusStartDate*
13b	*CognitiveDelay*	*68*	*MiltaryStatusEndDate*
14	CityCountyCode	*69*	*MaritalStatus*
15	*ReferralSource*	*70*	*SocialConnectedness*
16	DateOfBirth	71	InsuranceType1
17	Gender	72	InsuranceType2
18	Race	73	InsuranceType3
19	HispanicOrigin	74	InsuranceType4
21	*EducationStatus*	75	InsuranceType5
22	*EmploymentStatus*	76	InsuranceType6
23	*TypeOfResidence*	77	InsuranceType7
24	LegalStatus	78	InsuranceType8
25	*NbrPriorEpisodesAnyDrug*	79	DateNeedforMHServices FirstDetermined
26-30	Diagnosis Axis I, II, and *III* codes		
31	*Diagnosis Axis V code*	80	DateNeedforSAServices FirstDetermined
32-43	*SA Primary, Secondary, and Tertiary Drug*		
44	PregnantStatus	*81*	*Health Well Being Measure*
45	*FemaleWithDependentChildrenStatus*	*82*	*Community Inclusion Measure*
46[1]	~~*DaysWaitingToEnterTreatment*~~	*83*	*Choice and Self-Determination Measure*
47	*NbrOfArrests*	*84*	*Living Arrangement Stability Measure*
48	ServiceFromDate	*85*	*Day Activity Stability Measure*
49	*Authorized Representative*	*86*	*School Attendance Status*
52-55	AxisI codes 3-6	*87*	*Independent Living Status*
56[1]	~~ConsumerServiceHours~~	*88*	*Housing Stability*
57	*MedicaidNbr*	*89*	*Preferred Language*
58	ConsumerFirstName	*90*	*Enhanced Case Management*
59	ConsumerLastName		

[1] Data Elements 46 and 56 are no longer required in CCS 3; they should be reported as NULL values. Please see the instructions in Appendix E for formatting NULL values.

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	Data Element and Program Area Cross-Reference Table			
Element No.	Data Element	Mental Health	Substance Abuse	Develop-mental
63	StaffId	Y	Y	Y
64	ServiceSubtype	Y	Y	Y
65	ServiceLocation	Y	Y	Y
66	MilitaryStatus	Y	Y	Y
67	MilitaryServiceStartDate	Y	Y	Y
68	MilitaryServiceEndDate	Y	Y	Y
69	MaritalStatus	Y	Y	Y
70	SocialConnectedness	Y	Y	N
71	InsuranceType1	Y	Y	Y
72	InsuranceType2	Y	Y	Y
73	InsuranceType3	Y	Y	Y
74	InsuranceType4	Y	Y	Y
75	InsuranceType5	Y	Y	Y
76	InsuranceType6	Y	Y	Y
77	InsuranceType7	Y	Y	Y
78	InsuranceType8	Y	Y	Y
79	DateNeedforMHServicesFirstDetermined	Y	Y	N
80	Date NeedforSAServicesFirstDetermined	Y	Y	N
81	Health Well Being Measure	N	N	Y
82	Community Inclusion Measure	N	N	Y
83	Choice and Self-Determination Measure	N	N	Y
84	Living Arrangement Stability Measure	N	N	Y
85	Day Activity Stability Measure	N	N	Y
86	School Attendance Status	Y	N	N
87	Independent Living Status	Y	N	N
88	Housing Stability	Y	Y	N
89	Preferred Language	Y	Y	Y
90	Enhanced Case Management	N	N	Y